

Code Changes at AHCCCS

Effective with dates of service on or after 10/29/2007, the following codes have a procedure daily maximum of 6 units:

96101 – Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI, Rorschach, WAIS), **per hour** of the psychologist's or physician's time: both face to face time with the patient and time interpreting test results and preparing the report.

96102 – Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, **per hour** of technician time, face-to-face.

96119 – Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test) with qualified health care professional interpretation and report, administered by technician, **per hour** of technician time, face-to-face.

Coding Q & A

Q

Should a Medicine Management code 90862 always be billed with an Evaluation and Management (99212-99215) or (99202-99205) code during the same session?

A

An E/M code and a Med Management code should not be billed together during the same session. The documentation in the note should always support the service being billed.

!! Edit Alerts !!



An Edit Alert is a faxed and/or e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure all Edit alerts are communicated to all program participants in an accurate and reliable manner. Edit alerts will be distributed when the information is first made available and again in the following monthly publication of Tidbits.

New/Changed Edit Alert

Tracking Number: 99

Implemented: ☐

Reference Title Primary/Preferred Language field change

Notification Date: December 6, 2007

Expected Implementation Date: February, 2008

ADHS will provide 90 days notice when possible

Change Description:

The current CIS File Layout states that the Primary/Preferred Language field on the Intake is an Optional three-byte field and when left blank, it will defer to ENG (English). The CIS File Layout will be changed to indicate that the Primary/Preferred Language field on the Intake is a Required field. RBHAs will be notified of specific implementation date as soon as available.

The RBHA will be required to collect this value and must remove any defaults currently in their systems to auto fill the field. (SSR 2315)

The CIS file layout will be changed to indicate that the primary/preferred language field on the intake is a required field.

New/Changed Edit Alert

Tracking Number: 100

Implemented: ☐

Reference Title Assessment Date Field

Notification Date: December 6, 2007

Expected Implementation Date: February, 2008

ADHS will provide 90 days notice when possible

Change Description:

To determine the due date and/or date of last completion of a behavioral health recipient's annual assessment or 6-month outcome measures update, DHS will be adding a new Demographic field. RBHAs will be notified of specific implementation date as soon as available.

The new "Assessment Date" field will be required on all submission type 1 and 2s. (SSR 2314)

To determine the due date and/or date of last completion of a behavioral health recipient's annual assessment or six month outcome measure update, DHS will be adding a new demographic field named "Assessment date."

New/Changed Edit Alert

Tracking Number: 101

Implemented: ☐

Reference Title "Complete" 45-Day Disenrollment

Notification Date: December 6, 2007

Expected Implementation Date: February, 2008
ADHS will provide 90 days notice when possible

Change Description:

The current Demographic edits surrounding a "Complete" 45-day disenrollment reject the Demographic if more than the required fields are submitted.

DHS will change the edits surrounding a "Complete" 45-day disenrollment to:

1. Allow the TRBHA to submit more than the required fields for demographic records with a crisis value on the Reason for Disenrollment field.
2. Enforce all edits and relationships on submitted fields.

RBHAs will be notified of specific implementation date as soon as available. (SSR 2087)

The current demographic edits surrounding a "Complete" 45-day disenrollment reject the demographic if more than the required fields are submitted.

New/Changed Edit Alert

Tracking Number: 102

Implemented: ☒

Reference Title CRS Prior Auth for Pharmacy

Notification Date: December 20, 2007

Expected Implementation Date: January 15, 2008
ADHS will provide 90 days notice when possible

Change Description:

ADHS will expand the pharmacy file layout to include a prior authorization field. The field format will conform to NCPDP standards. Submission of the prior authorization number will be required on all non-formulary medications. Effective January 15, 2008, the file layout will change to accommodate the additions of the prior authorization field. The file layout is attached. (SSR 2260)

ADHS will expand the pharmacy file layout to include a prior authorization field.

New/Changed Edit Alert

Tracking Number: 103

Implemented: ☒

Reference Title ADHS override of case management and transportation encounters

Notification Date: December 3, 2007

Expected Implementation Date: December 3, 2007
ADHS will provide 90 days notice when possible

Change Description:

Please be advised of the following change concerning the resolution of encounters pending at AHCCCS for error code Z305-Date of service overlap. (SSR 2390)

Effective immediately, AHCCCS has lowered their adjudication level to allow ADHS and the other health plans to override this near duplicate error for encounters billing the following case management and transportation procedure codes:

A0110 - Non-emergency transportation and bus, intra or inter state carrier
A0120 - Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
A0425 - Ground mileage, per statute mile
S0215 - Non-emergency transportation, mileage, per mile
T1016 - Case management

Beginning with the November 2007 pend processing, the Office of Program Support will be providing a monthly Excel file to ADHS ITS of Z305 pended encounters to be marked for override. ITS will use this file to mark the AHCCCS pends with an "A" (Approve/Override Duplicate) action code and create a file that will be submitted to AHCCCS for batch processing.

Detail files listing all Z305 records that have been marked for override will also be provided to all RBHAs on a monthly basis. OPS will place detail files in respective OPS FTP folders on the Sherman Server and provide an emailed notification to all RBHAs of their availability when the overrides have been completed in the CIS system. Filenames will be formatted as follows: "yymmsdd_Z305-xx" ("xx" = RBHA ID).

Effective immediately, AHCCCS has lowered their adjudication level to allow ADHS and the other health plans to override near duplicate (Z305- date of service overlap) errors for encounters billing certain case management and transportation codes as noted in the edit alert.

New/Changed Edit Alert

Tracking Number: 104

Implemented: ☐

Reference Title UB - Attending physician edit change - BHS

Notification Date: December 3, 2007

Expected Implementation Date: January 1, 2008
ADHS will provide 90 days notice when possible

Change Description:

Currently the system edits require that the attending physician have an NPI and be a registered AHCCCS provider. (SSR 2392)

Effective 1/1/08, the attending physician will be required to have an NPI but will no longer be required to be registered with AHCCCS. Please change our system edits accordingly.

BHS: Effective 1/1/08, the attending physician will be required to have an NPI but will no longer be required to be registered with AHCCCS.

New/Changed Edit Alert

Tracking Number: 105

Implemented: ☐

Reference Title UB - Attending physician edit change - CRS

Notification Date: December 3, 2007

Expected Implementation Date: January 1, 2008
ADHS will provide 90 days notice when possible

Change Description:

Currently the system edits require that the attending physician have an NPI and be a registered AHCCCS provider. (SSR 2393)

Effective 1/1/08, the attending physician will be required to have an NPI but will no longer be required to be registered with AHCCCS. Please change our system edits accordingly.

CRS: Effective 1/1/08, the attending physician will be required to have an NPI but will no longer be required to be registered with AHCCCS.

New/Changed Edit Alert

Tracking Number: 106

Implemented: ☐

Reference Title CASII Functional Measures - UPDATE

Notification Date: December 7, 2007

Expected Implementation Date: February, 2008
ADHS will provide 90 days notice when possible

Change Description:

ADHS will incorporate CASII (Child and Adolescent Intensity Instrument) into Demographics. (SSR 2336) This element will replace Functional Outcome Measures for persons ages 6-17. RBHAs will be notified of specific implementation date as soon as available.

All CASII fields will be required for each Non-Crisis demographic transaction types 1, 2 and 4.

ADHS will incorporate CASII into demographics. All CASII fields will be required for each non-crisis demographic transaction types 1, 2, and 4.

New/Changed Edit Alert

Tracking Number: 107

Implemented: ☒

Reference Title CRS Medicare Coverage

Notification Date: December 20, 2007

Expected Implementation Date: December 13, 2007
ADHS will provide 90 days notice when possible

Change Description:

ADHS has modified the Pharmacy Load Program to accept the Medicare Coverage Indicators of 'B', 'C', or 'D' as valid values for Medicare Coverage. (SSR 2404)

CRS sites may resubmit encounters for clients with Medicare C or D coverage that were previously rejected.

ADHS has modified the pharmacy load program to accept the Medicare coverage indicators of "B", "C", or "D" as valid values for Medicare coverage.

Bilateral Procedures

AHCCCS' current policy (per the FFS Provider Billing Manual and PMMIS) requires providers (both Professional and OPFS) billing for bilateral procedures to bill these services on two lines: one with the modifier "50" and one without (see the example below).

Line 1 of the claim – Procedure NNNNN, no modifier, 1 unit, full charges

Line 2 of the claim – Procedure NNNNN, with a "50" (bilateral service) modifier, 1 unit, full charges

Modifier "50" is currently reflected in PMMIS (screens RF121 and RF122) as allowing 50% of the posted fee schedule for that procedure code. Valuation would then be line 1 at the full fee schedule amount for the service and line 2 at 50% of the fee schedule amount for the service.

The Medicare and commercial billing rules requires the provider to bill this service as a single line with the "50" modifier and the appropriate number of units (see the example below).

Line 1 of the claim – Procedure NNNNN, with a "50" (bilateral service) modifier, 1 unit, and full charges

This service would then value at 150% of the fee schedule for the single unit of service.

The difference between AHCCCS policy and Medicare/commercial insurance has caused numerous complaints from hospital providers under the new OPFS methodology as well as inconsistent and erroneous billings.

In an attempt to remedy the inconsistency, AHCCCS is modifying the current billing policy (for both Professional and OPFS) in relation to bilateral procedures to be consistent with Medicare/commercial insurance effective for dates of service on and after 1/1/2008.

Modifications to PMMIS screens RF121 and RF122 should reflect the new modifier percentage for modifier "50" and should be reflected in regular bi-monthly reference extracts.

NPI

As of January 1, 2008, all primary providers (for provider types that require an NPI) must be submitting encounters with an NPI. Also, as of January 1, 2008, ADHS will no longer allow edits for NPI to be softened.

AHCCCS will accept and update NPI information for providers whose current enrollment status is inactive.

PMMIS screen PR082 (Provider Alternate ID) is the where you can find the effective dates for a provider's NPI.

Clarification on Provider Type 71 Changes

The Office of Program Support has received several requests for clarification pertaining to the provider type announced in the November Tidbits. Provider type 71 (level 1 inpatient psychiatric hospital) has been added as an acceptable provider type to bill revenue codes 0183 (home pass) and 0189 (bed hold).

The inclusion of provider type 71 stems from the acknowledgement that an inpatient psychiatric hospital could potentially have clients requiring medical attention (e.g. an attempted suicide.) In making this determination, ADHS verified that this billing combination is allowed at AHCCCS and concluded that encounters fitting this scenario should not be rejected. This change took effect in the ADHS B2 Matrix and CIS system editing tables on 10/29/2007. Encounters fitting this scenario should now be accepted at ADHS. Please forward any additional questions or requests for clarification to your respective RBHA Representative.

RBHA Quarterly Deletion and Override Log Review

On Monday December 24, 2007 the Office of Program Support notified all RBHAs, via email, of the upcoming quarterly deletion and override log review. The quarterly deletion and override log review is an effort to review and reconcile encounters that have been voided, deleted, or overridden by AHCCCS in the most recent quarter.

ADHS requests all RBHAs submit the quarterly deletion and override log for the quarter ending December 2007 by no later than Wednesday January 30, 2008. The logs should be formatted and named according to "Enc_Recon_Log" file specifications and placed in the appropriate RBHA directory on the FTP server. Emailed notification must be sent to appropriate RBHA Representative when the log has been completed and moved to the server. As a reminder, the RBHA's ability to maintain and provide a deletion and override log is a standard evaluated in the ADHS/DBHS administrative review process. Please contact your RBHA Representative with any questions.

RBHA Quarterly Fee-For-Service Check Register Review

On Wednesday January 2, 2008, the Office of Program Support notified all RBHAs, via email, of the forthcoming quarterly fee-for-service check register review. In accordance with the following schedule, the Office of Program Support is beginning the 2nd Quarter of the fiscal year 2008 check register review process. Fee-for-service (FFS) check registers for the months of October, November, and December 2007 must be submitted ADHS and sent to the attention of your RBHA Representative by close of business, Wednesday January 16, 2008. Please contact your RBHA Representative with any questions.

Quarterly Review Month	Check Register Requested
October 2007	1 st Quarter, Fiscal Year 2008
January 2008	2 nd Quarter, Fiscal Year 2008
April 2008	3 rd Quarter, Fiscal Year 2008
July 2008	4 th Quarter, Fiscal Year 2008

BHS Encounter Production Schedule Key Dates and Events

Events / Cycle	Jan 2008	Feb 2008	Mar 2008
Run H74603 New Day	12/28/07	01/25/08	02/29/08
IT submit bba notifications to AHCCCS for acceptance			
Deadline for DelDup File submission to OPS (12 noon)	12/27/07	01/31/08	02/28/08
Deadline for RBHA CIS on-line pend corrections & deletes to OPS.	12/31/07	02/05/08	03/04/08
Run H74609 Create Pend correction file for AHCCCS	01/02/08	02/06/08	03/05/08
IT submit bba notification to AHCCCS for acceptance			
New Day & Corrected Pends due to AHCCCS (12 noon)	Thurs 01/03/08	Thurs 02/07/08	Thurs 03/06/08
AHCCCS Processing			
Files available from AHCCCS (6pm)	Fri 01/11/08	Fri 02/15/08	Fri 03/14/08
Receive AHCCCS notification			
Run H74614 Pend Reset	Mon 14-Jan-08	Mon 18-Feb-08	Mon 17-Mar-08
Run H74607 Pend Load			
Run H74611 Adjudication			
Cycle Completed - Files available from BHS			

Note: Any date change on the part of AHCCCS will result in a BHS date change.

CRS Encounter Production Schedule – Key Dates and Events

FTP Processing Activities Contractor Submission Deadlines:	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008
1. Deadline for New Day Encounter File Submission to ADHS/CRSA - Monday at 12:00 P.M.	Fri 09/28/07 12:00 PM	Mon 11/05/07 12:00 PM	Mon 12/03/07 12:00 PM	Mon 12/31/07 12:00 PM	Mon 02/04/08 12:00 PM	Mon 03/03/08 12:00 PM
2. Deadline for corrected Pend Encounters	Fri 09/28/07 12:00 PM	Fri 11/02/07 12:00 PM	Fri 11/30/07 12:00 PM	Fri 12/28/07 12:00 PM	Fri 02/01/08 12:00 PM	Fri 02/29/08 12:00 PM
3. New Day & Corrected Pends due to AHCCCS (12 noon)	Thurs 10/04/07	Thurs 11/08/07	Thurs 12/06/07	Thurs 01/03/08	Thurs 02/07/08	Thurs 03/06/08
AHCCCS Processing						
Files available from AHCCCS (5pm)	Mon 10/15/07	Fri 11/16/07	Fri 12/14/07	Fri 01/11/08	Fri 02/15/08	Fri 03/14/08
Pended & Adjudicated Encounters	Tues 10/16/07	Mon 11/19/07	Mon 12/17/07	Mon 01/14/08	Mon 02/18/08	Mon 03/17/08
Available to CRS Regional Contractors by 5:00 p.m.						

Note: Any date change on the part of AHCCCS will result in a ADHS date change.

DES Contact Number

For any changes in member enrollment (i.e. name changes, demographic changes, etc.)

DES Communications Center

Maricopa County: (602) 542-9935
Statewide: 1-800-352-8401

ADHS Encourages Electronic Claims

The Arizona Department of Health Services requests all CRS Sites and RBHAs to encourage their providers to submit claims electronically. The benefits of electronic claim submissions include:

- Faster claims processing
- More accurate claims entry
- Less expensive than manual data entry



Security IDs for All BHS Secure Systems

Any person, needing access to the PMMIS system, must submit the required paperwork and use the individual ID assigned from AHCCCS Data Security during the registration process. Under no circumstance should there be any 'sharing' of user names and/or passwords. Currently there is no limit (within reason) on the number of users available to the sites; individual providers are not authorized access to PMMIS through the Division.

The Office of Program Integrity must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form, User Affirmation Statement, or Confidentiality Agreement to Stacy Mobbs at (602) 364-4736.

If you have any questions, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at mobbss@azdhs.gov.



Who Do I Call??

If you need assistance please contact your assigned T/RBHA Representative:

Eunice Argusta	Gila River Navajo Nation Pascua Yaqui	(602) 364-4526 arguste@azdhs.gov
Javier Higuera	CPSA 26 & 27 Tucson CRS	(602) 364-4715 higueri@azdhs.gov
Gary Szymanski	Magellan ValueOptions	(602) 364-4677 szymang@azdhs.gov
Renee Chavez	NARBHA	(602) 364-4734 chavezr@azdhs.gov
Jerri Gray	Cenpatico 02 & 22	(602) 364-1479 grayj@azdhs.gov
Kevin Gibson	Flagstaff CRS Yuma CRS	(602) 364-4727 gibsonk@azdhs.gov
Dustin Jackson	Phoenix CRS	(602) 364-4711 jacksod@azdhs.gov

Reporting Program Fraud and Abuse

If you need assistance or to report an incident of suspected Fraud, Waste, and/or Abuse, please contact us at:

Tim Stanley	Manager	(602) 364-4781	stanleti@azdhs.gov
Stacy Mobbs	Auditor	(602) 364-4708	mobbss@azdhs.gov
Sandra Reyes	Auditor	(602) 364-4426	reyess@azdhs.gov

If you wish to remain anonymous, you may make a report through our Fraud and Abuse Hotline at 602 364-3758 (locally) or 1 866 569-4927 (toll free) or email at ReportFraud@azdhs.gov.

If you prefer, you may write at:

Tim Stanley, Manager, Office of Program Integrity
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Office of the Deputy Director
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Phoenix, Arizona 85007